## SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Name of Offering ( about if this is an amendment and name has abanced, and indicate abance)

AUG 0 \$4 2004 . }

FORM D

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden Hours per form ......16.00

	SEC U	SE ONLY	
Prefix		<u>S</u>	Serial
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	DATE R	ECEIVED	
	1		

)	NOTICE OF SALE OF SECURITIES
	PURSUANT TO REGULATION D,
	SECTION 4(6), AND/OR
UN	FORM LIMITED OFFERING EXEMPTION

Sunflower Factoring, LLC	intendificati and fiame has changed,	and moreate change.)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rul	le 505 🗵 Rule 506	☐ Section 4(6)	□ ULOE						
Type of Filing: 🗵 New Filing	□Amendment									
	A. BASIC IDEN	TIFICATION DATA								
1. Enter the information requested about t										
Name of Issuer (  check if this is an amendment and name has changed, and indicate change.)										
Name of Issuer ( I check if this is an amendment and name has changed, and indicate change.)  Sunflower Factoring, LLC										
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area God										
2714 Denver Drive	Ft Collins, CO 80525			or (menaning areas)						
Address of Principal Business Operations	(Number and Street, City, State, Z.	ip Code)	Telephone Numb	er (Including Area Code)						
(if different from Executive Offices)										
Brief Description of Business Factoring C	Company for purchasing and coll-	ecting commercial paper	and or loans							
Type of Business Organization										
☐ corporation	limited partnership, already for	ormed 🗵 other	(please specify): Limite	d Liability Company						
☐ business trust	☐ limited partnership, to be form	med								
	Month	Year								
Actual or Estimated Date of Incorporation	or Organization: 0 5 /	0 4 🗵 Actual	☐ Estimated							
Jurisdiction of Incorporation or Organizati	on: (Enter two-letter U.S. Postal Se	ervice abbreviation for Sta	te:							
	CN for Canada; FN for other for	oreign jurisdiction)	C O	itt ille titll fill aliti eilli atien linen mann						
GENERAL INSTRUCTIONS		- ·	L	04039616						

#### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington. D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Part A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administration in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☑ Promoter	☑ Beneficial Owner	☑ Executive Officer	Member	☐ General and/or Managing Partner
Full Name (Last name first, i Dreiling/ Jodi					
Business or Residence Addre 2714 Denver Drive		nber and Street, City, State ollins, CO 80525	e, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Num	nber and Street, City, State	e, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)		,		
Business or Residence Addre	ess (Num	nber and Street, City, State	, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Num	ber and Street, City, State	, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Num	ber and Street, City, State	, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Num	ber and Street, City, State	, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Num	ber and Street, City, State	, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Num	ber and Street, City, State	, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)	<del></del>			
Business or Residence Addre	ss (Num	ber and Street, City, State,	, Zip Code)		

					B. II	NFORMA"	TION ABO	UT OFFE	RING					
1.	Has the iss	uer sold, o	r does the i	issuer inte	nd to sell,	to non-acc	credited in	vestors in	this offeri	ng?			Yes 🗷	No □
		1	, Ai	nswer also	in Appen	dix, Colur	nn 2, if fil	ing under	ULOE.					
2.	What is the	e minimum	investmer	nt that will	be accept	ed from a	ny individ	ual?	•••••				\$ <u>5,000.00</u>	
3.	Does the o	ffering per	mit joint o	wnership o	of a single	unit?			•••••		••••••		Yes ⊠	No □
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only														
Full	Name (La N/A	st name f	irst, if ind	ividual)										
Bus	iness or Re	sidence A	Address (N	Number a	nd Street	, City, Sta	ate, Zip C	Code)						
Nan	ne of Assoc	ciated Bro	ker or De	aler										
	N/A				<del></del>				<del>.</del>					
Stat	es in Whic	h Person l	Listed Ha	s Solicite	d or Inter	nds to So	licit Purc	hasers						
(Cho	eck "All Si es	tates" or o	check ind	ividual S	tates)	· · · · · · · · · · · · · · · · · · ·	N/A		••••••	•••••		••••••	•••	□ All
[AL [ IL [M7 [ RI	] [IN] [] [NE]	[AZ] [IA] [NV] [SD]	[AR] [ KS] [ NH] [TN ]	[CA] [KY] [NJ] [TX]	[ CO] [ LA] [NM] [UT ]	[ CT] [ME] [NY ] [VT ]	[ DE] [MD] [NC ] [VA ]	[ DC] [MA] [ND ] [WA ]	[ FL] [ MI] [OH ] [ WV]	[ GA] [MN] [OK ] [ WI ]	[HI ] [MS] [OR ] [WY ]	[ ID] [MO] [ PA] [ PR]		
Full	Name (La	st name fi	rst, if ind	ividual)										· · · · · · · · · · · · · · · · · · ·
Bus	iness or Re	sidence A	ddress (N	lumber a	nd Street,	City, Sta	ate, Zip C	Code)						
Nan	ne of Assoc	iated Bro	ker or De	aler				<del></del>						
State	es in Whicl	n Person I	Listed Has	s Solicite	d or Inter	nds to Sol	licit Purcl	hasers						
(Che	eck "All St	ates" or c	heck indiv	vidual Sta	ates)				•••••		•••••		□ A	ll States
[AL [ IL [MT [ RI	] [IN] ] [NE]	[AZ] [ IA] [NV] [SD ]	[AR] [ KS] [ NH] [TN ]	[CA] [KY] [NJ] [TX]	[ CO] [ LA] [NM] [UT ]	[ CT] [ME] [NY ] [VT ]	[ DE] [MD] [NC ] [VA ]	[ DC] [MA] [ND ] [WA ]	[ FL] [ MI] [OH ] [ WV]	[ GA] [MN] [OK ] [ WI ]	[HI ] [MS] [OR ] [WY ]	[ ID] [MO] [ PA] [ PR]		
Full	Name (Las	st name fi	rst, if indi	vidual)										
Busi	iness or Re	sidence A	ddress (N	lumber aı	nd Street,	City, Sta	ite, Zip C	ode)					· · · · · · · · · · · · · · · · · · ·	
Nam	ne of Assoc	iated Bro	ker or De	aler	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			i, ii ii ii i						
State	es in Which	n Person I	Listed Has	Solicite	d or Inter	ıds to Sol	icit Purcl	hasers					···	
(Che	eck "All St	ates" or cl	heck indiv	idual Sta	ites)	•••••	•••••		•••••		••••••		□ A	Il States
[AL] [IL [MT	] [IN] ] [NE]	[AZ] [ IA] [NV]	[AR] [ KS] [ NH]	[CA] [KY] [NJ]	[ CO] [ LA] [NM]	[ CT] [ME] [NY ]	[ DE] [MD] [NC ]	[ DC] [MA] [ND ]	[ FL] [ MI] [OH ]	[ GA] [MN] [OK ]	[HI] [MS] [OR]	[ ID] [MO] [ PA]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already sold
	Debt,	700,000 to \$ 5,000,000	\$
	Equity	\$	\$
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	700,000 to \$ <b>5,000,000</b>	\$
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	\$ 80,000.00
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	Tuna of	Dollon amount
	Type of offering	Type of Security	Dollar amount sold
	N / A Rule 505		\$
	Regulation A		s
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	🗆 s _	0.00
	Printing and Engraving Costs	D\$-	0.00
	Legal Fees	□s_	0.00
	Accounting Fees	□s_	0.00
	Engineering Fees	🗆 s <u>(</u>	0.00
	Sales Commissions (specify finders' fees separately)	🗆 s <u>c</u>	0.00
	Other Expenses (identify)	🗆 s <u>c</u>	0.00
	Total	□so	0.00

b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be issued for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.		700,000 to 5,000,000 \$
issued for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the		
	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	\$ 0.00	□ \$ 0.00
Purchase of real estate	\$ n/a	□ \$ n/a
Purchase, rental or leasing and installation of machinery and equipment	S n/a	□ \$ n/a
Construction or leasing of plant buildings and facilities	\$ n/a	- D\$ <del>-n/a</del>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\$ <u>n/a</u>	- □ \$ <del>-n/a</del>
Repayment of indebtedness	\$ n/a	□ \$ n/a
Working capital	\$ n/a	□\$ <u>n/a</u>
Other (specify): cash reserve money market account  Purchase commercial paper and notes	\$	□ \$ 42,000 to 300,000
Turchase commercial paper and notes	\$	□ \$ 658,000 to 4,700,000
Column Totals	\$	□ \$
Total Payments Listed (column totals added)	□ <u>\$</u>	
D. FEDERAL SIGNATURE		
	, <u>.</u>	
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this n constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon very the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	notice is filed under Rule written request of its staff,	505, the following signature, the information furnished by
Issuer (Pri.int or Type) Sunflower Factoring, LLC	Date 7-13-	04
Name of Signer (Print or Type)  Jodi Dreiling  Managing Member		

	E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.252(c), (d), (c) or (f) presently subject to any of the disqualification provisions of such rule?	Yes □	No x				
	See Appendix, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, as notice 239.500) at such times as required by state law.	on Form	D (17 CFR				
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer	uer to offe	rees.				
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.						
The i	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the under on.	signed du	ly authorized				
	r (Print or Type) flower Factoring, LLC						
Name	e of Signer (Print or Type)  Title of Signer (Print or Type)	<u> </u>					
Jodi	Dreiling Managing Member						

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1		2	3			4			5
	In and to sell to non-accredited investors in State  (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)			Type o	f investor and a (Part (	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Debt/Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL	X		Debt 700,000 to 5,000,000	n/a	n/a	n/a	n/a		Х
AK	X		Debt 700,000 to 5,000,000						X
AZ	x		Debt 700,000 to 5,000,000		·				X
AR	X		Debt 700,000 to 5,000,000						X
CA	Х		Debt 700,000 to 5,000,000						x
со	X		Debt 700,000 to 5,000,000			1	\$80,000.00		X
СТ	X		Debt 700,000 to 5,000,000						Х
DE	Х		Debt 700,000 to 5,000,000						Х
DC	Х		Debt 700,000 to 5,000,000						X
FL	Х		Debt 700,000 to 5,000,000						Х
GA	Х		Debt 700,000 to 5,000,000						X
ні	X		Debt 700,000 to 5,000,000						X
ID	Х		Debt 700,000 to 5,000,000						X
ΙL	Х		Debt 700,000 to 5,000,000						X
ΙΝ	Х		Debt 700,000 to 5,000,000						X
IA	Х		Debt 700,000 to 5,000,000						X
KS	X		Debt 700,000 to 5,000,000						X
KY	X		Debt 700,000 to 5,000,000						X
LA	Х		Debt 700,000 to 5,000,000					<del></del>	X
ME	X		Debt 700,000 to 5,000,000						X
MD	X		Debt 700,000 to 5,000,000 Debt 700,000 to						X
МА	X		5,000,000 to 5,000,000 Debt 700,000 to						X
MI	X		5,000,000						X
MN	X		Debt 700,000 to 5,000,000					· · · · · · · · · · · · · · · · · ·	X
MS	x x		Debt 700,000 to 5,000,000 Debt 700,000 to						X
МО	^		5,000,000						X

# APPENDIX

1		2 , ,	3		<del></del>	4		Ţ	5
	Intend to s	sell to non- restors in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type o	f investor and a (Part C	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	, No	Debt/Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT	х		Debt 700,000 to 5,000,000						X
NE	X		Debt 700,000 to 5,000,000						Х
NV	Х		Debt 700,000 to 5,000,000						X X
NH	x		Debt 700,000 to 5,000,000						X
NJ	X		Debt 700,000 to 5,000,000						X
NM	х		Debt 700,000 to 5,000,000						х
NY	X		Debt 700,000 to 5,000,000						X
NC	X		Debt 700,000 to 5,000,000						X
ND	X	<u> </u>	Debt 700,000 to 5,000,000						Х
ОН	Х		Debt 700,000 to 5,000,000				***************************************		. X
OK	X		Debt 700,000 to 5,000,000						X
OR	X		Debt 700,000 to 5,000,000						Х
PA	X		Debt 700,000 to 5,000,000						X
RI	X		Debt 700,000 to 5,000,000						X
SC	X		Debt 700,000 to 5,000,000						X
SD	X	1.00	Debt 700,000 to 5,000,000						Х
TN	Х		Debt 7,000,00 to 5,000,000						X
TX	Х		Debt 7,000,00 to 5,000,000						Х
UT	X		Debt 7,000,00 to 5,000,000						X
VT	X	****	Debt 7,000,00 to 5,000,000						X
VA	X	<u></u>	Debt 7,000,00 to 5,000,000		· · · · · · · · · · · · · · · · · · ·				X
WA	X		Debt 7,000,000 to 5,000,000		· · · · · · · · · · · · · · · · · · ·				Х
WV	X		Debt 7,000,00 to 5,000,000						Х
WI	Х		Debt 7,000,00 to 5,000,000						Х
WY	X		Debt 7,000,00 to 5,000,000						X
PR	Х		Debt 7,000,00 to 5,000,000						X